



MEDICAL MARIJUANA UPDATE

2019 NDHA Convention
October 2, 2019

LEGAL DISCLAIMER

This presentation is intended to convey general information only and does not provide legal advice.

The contents should not be construed as legal advice.

Contact your attorney for advice on your specific circumstances and legal issues.

DEFINITIONS

Health Care Provider

- A physician, a physician assistant, or an advanced practice registered nurse.

Qualifying Patient

- An individual who has been diagnosed by a health care provider as having a debilitating medical condition.

Designated Caregiver

- An individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient's medical use of marijuana.

Registry Identification Card

- A document issued by the Department of Health which identifies an individual as a registered qualifying patient, registered designated caregiver, registered compassion center agent, or laboratory agent.

HEALTH CARE PROVIDER

Physicians and Physician Assistants

- Includes physician and surgeon (M.D.) and osteopathic physician and surgeon (D.O.)
- Must be licensed through the North Dakota Board of Medicine
- License must be in good standing

Advanced Practice Registered Nurse

- Includes an APRN within one of the roles of certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or certified clinical nurse specialist
- Must be licensed through the North Dakota Board of Nursing
- License must be in good standing

DEBILITATING MEDICAL CONDITIONS (26)

- Agitation of Alzheimer's disease or related dementia
- AIDS
- Amyotrophic lateral sclerosis (ALS)
- Anorexia nervosa
- Anxiety disorder
- Autism spectrum disorder
- A brain injury
- Bulimia nervosa
- Cancer
- Crohn's disease
- Decompensated cirrhosis caused by hepatitis C
- Ehlers-Danlos syndrome
- Endometriosis
- Epilepsy
- Fibromyalgia
- Glaucoma
- HIV
- Interstitial cystitis

MEDICAL CONDITIONS (END)

- Migraine
- Neuropathy
- Posttraumatic stress disorder (PTSD)
- Rheumatoid arthritis
- Spinal stenosis or chronic back pain with objective neurological indication of intractable spasticity
- A terminal illness
- Tourette syndrome
- A chronic or debilitating disease or medical condition or treatment for such disease that produces:
 - Cachexia or wasting syndrome;
 - Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
 - Intractable nausea;
 - Seizures; or
 - Severe and persistent muscle spasms, including those characteristic of multiple sclerosis

NO PRESCRIPTIONS – WRITTEN CERTIFICATION

Individual must obtain a written certification from their health care provider who must be licensed in North Dakota and have a license in good standing.

- Health care provider states the patient has a debilitating medical condition.
- Attestation that the written certification is made in the course of a bona fide provider-patient relationship.

WRITTEN CERTIFICATION

For a patient with the medical condition of cancer, the health care provider may authorize an enhanced amount for dried leaves and flower (6 ounces in a 30 day period compared to 2.5 ounces).

- State law does not require a health care provider to provide a written certification or otherwise recommend marijuana to a patient.

BONA FIDE PROVIDER-PATIENT RELATIONSHIP

- Health Care Provider has created, maintained and reviewed the patient's relevant medical records
- Health Care Provider has completed a full assessment of the patient's medical history and current medical condition.
- An in-person medical evaluation of the patient is performed.
- Health Care Provider continues care for the patient and their debilitating medical condition that qualified them for the Medical Marijuana Program.
- Health Care Provider has a reasonable expectation for follow up care regarding the medical use of marijuana as a treatment of the patient's debilitating medical condition.
- Provider-Patient relationship is NOT for the sole purpose of providing a written certification for the medical use of marijuana.

OVERVIEW OF PROCESS

Patient **talks** with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.

As part of the patient application, the patient enters the name and email address of the health care provider.

The health care provider receives a notification via email that they are requested to complete a written certification for the patient.

Via the registration system, the health care provider completes the written certification.

The registration system links the written certification to the patient application. The Division of Medical Marijuana reviews the application.

The patient is **issued a registry ID card** if approved.



DIVISION OF MEDICAL MARIJUANA HOMEPAGE (ndhealth.gov/mm)

[Fiscal & Operations](#) [Human Resources](#) [Medical Marijuana](#) [Public Information](#) [Vital Records](#)

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FEEDBACK

Please give us feedback about
your experience with the
North Dakota Department of Health



Division of Medical Marijuana

ND Medical Marijuana Registration Portal



**Patients
(19 years and older)**



**Minor Patients
(Under 19 years old)**



**Designated
Caregivers**



Health Care Providers

[Sign In or Create an Account](#)

HEALTH CARE PROVIDER BUTTON

Program Information

[Dispensary Locations](#)

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[Status Updates and Press Releases](#) **NEW**

[State Laws and Administrative Rules](#)

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FEEDBACK

Please give us feedback about



ND Medical Marijuana Healthcare Provider Information

[Debilitating Medical Conditions](#)

[Written Certification Video Tutorial](#)

[Frequently Asked Questions](#)

[Create New Account Tutorial](#)

[Health Care Provider Overview](#)

[Written Certification Process Graphic](#)

[Sign In or Create an Account](#)

It is recommended that you use Google Chrome when logging into and completing information in the registration system. If the page or information will not load using a different browser, please attempt to login using Google Chrome.

NOTE: If you have difficulty accessing the PDF forms above, please verify you have a current version of Adobe Reader installed on your computer. We also strongly recommend the use of the Internet Explorer 11 as your browser. The Microsoft Edge browser is not supported at this time. We do have browser instructions for Chrome and Firefox at <https://www.nd.gov/eforms/>. You may also right-click the form link and choose Save Link As to save, complete and print the form.

HEALTH CARE PROVIDER ACCOUNT REGISTRATION

To set up an account – enter email and create password

- Email address must match the email address you give patient's to enter on their application.

Information to input when registering (one time)

- Health Care Facility name, address, and phone number
- Your name, number, email address, professional license number, and specialty (drop down boxes)

Information is confidential

HEALTH CARE PROVIDER PENDING APPLICATIONS LIST

Health care providers can click on the patient's name to go directly into the written certification form.

A button has been added to deny a request from a patient to complete a written certification. When clicking "Deny," the system will ask for confirmation. Once confirmed, the application will be removed from the health care provider's pending application list.

- The health care provider's name and email will be removed from the patient application.



The screenshot shows a web interface for denying an application. It features a text input field with a red label "Denial Reason" above it. To the right of the input field are two buttons: a red "Deny" button and a blue "Save" button.

INFORMATION ON WRITTEN CERTIFICATION

1. Health care provider information

- Will auto populate if registered an account
- In no account, will need to enter the information each time when completing a written certification

Written Certification

This section will be completed by the patient's health care provider

Health Care Provider Information

Last Name

Suffix

First Name

Middle Name

Practice Location Address

Address

County

State

City

ZIP Code

Primary Phone

Secondary Phone

Email Address

Health Care Provider's North Dakota Professional License Number

Health Care Provider's Medical or Nursing Specialty

INFORMATION ON WRITTEN CERTIFICATION

2. Patient's debilitating medical condition

- List of conditions (may select more than one)
- Text box for additional comments

3. How long is the written certification valid?

- Select "One year (or longer)" or "Less than one year"
- If less than one year, enter a specific date
 - Patient will have to re-apply (pay fee and get a new written certification) after the date indicated

Debilitating Medical Condition

Identify the debilitating medical condition of the patient (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Terminal Illness | <input type="checkbox"/> Interstitial cystitis |
| <input type="checkbox"/> Acquired Immune Deficiency Syndrome | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Agitation of Alzheimer's Disease or related Dementia | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis | <input type="checkbox"/> Positive status for Human Immunodeficiency Virus |
| <input type="checkbox"/> Anxiety Disorder | <input checked="" type="checkbox"/> Post-traumatic Stress Disorder |
| <input type="checkbox"/> Anorexia nervosa | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Bulimia nervosa | <input type="checkbox"/> Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Cachexia or Wasting Syndrome |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Intractable Nausea |
| <input type="checkbox"/> Decompensated Cirrhosis caused by Hepatitis C | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Ehlers-Danlos syndrome | <input type="checkbox"/> Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis |
| <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Glaucoma | |

How long is this written certification valid?

- ☒ One year (or longer) ☐ Less than one year

If less than one year, what is the date of expiration

MM-DD-YYYY

Additional comments pertaining to the patients qualifying condition

INFORMATION ON WRITTEN CERTIFICATION

4. Health care provider attestation and electronic signature

Health Care Provider Attestation

☐ This certification is made in the course of a bona fide provider-patient relationship as defined in NDCC 19-24.1 (3).

☐ I completed an assessment of the patient's current medical condition, including presenting symptoms related to the debilitating medical condition I diagnosed or confirmed.

☐ By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First Name

Middle Initial

Last Name

Date

MM-DD-YYYY

By providing my electronic signature, I hereby certify and affirm all information contained in this Written Certification is true and correct. I understand providing false information is a violation of North Dakota state laws and is grounds for denial of an application or renewal for a registry identification card under the North Dakota Medical Marijuana Program.

RESCINDING A WRITTEN CERTIFICATION

A health care provider can notify the Division in writing (email) if:

- The registered qualifying patient no longer has the debilitating medical condition that qualified them for the program.
- A bona fide provider-patient relationship ceases to exist.

MEDICAL RELEASE OF INFORMATION

Mandatory requirement within the patient application

- Related to the patient's debilitating medical condition.

Health care provider and qualifying patient information is confidential under the state laws for the program.

PROTECTIONS INCLUDED IN STATE LAW

A health care provider is not subject to arrest or prosecution or the denial of any right or privilege, including a civil penalty or disciplinary action by a court or occupational or professional regulating entity:

- Solely for providing a written certification or for stating in the health care provider's professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of usable marijuana to treat or alleviate the patient's debilitating medical condition; or
- For refusing to provide a written certification or a statement.

Does not release a health care provider from the duty to exercise a professional standard of care for evaluating or treating a patient's medical condition.

ACTS NOT REQUIRED

The medical marijuana laws do not require:

- A government medical assistance program or private insurer to reimburse a person for costs associated with the medical use of marijuana;
- A person in lawful possession of property to allow a guest, client, customer, or other visitor to possess or consume usable marijuana on or in that property;
- A landlord to allow production or processing on rental property; or
- A health care provider to provide a written certification or otherwise recommend marijuana to a patient.

The law does not prohibit an employer from disciplining an employee for possessing or consuming usable marijuana in the workplace or for working while under the influence of marijuana.

RESTRICTIONS ON USE

State law does not allow for the possession or consumption of usable marijuana:

- On a school bus or school van that is used for school purposes;
- On the grounds of any public or private school;
- At any location while a public or private school sanctioned event is occurring at that location;
- On the grounds of a correctional facility; or
- On the grounds of a child care facility or licensed home day care, unless authorized under rules adopted by the Department of Human Services.

ADDITIONAL RESTRICTIONS

- May not operate, navigate, or be in actual physical control of a motor vehicle, aircraft, train, or motorboat while under the influence of marijuana
- May not use a combustible delivery form or vaporizing if the smoke or vapor would be inhaled by a minor (unless the minor is the registered qualifying patient)
- The same state law smoking provisions existing for smoking, vaping, etc. in public places and places of employment are applicable to the medical marijuana program
- May not undertake an activity under the influence of marijuana if doing so would constitute negligence or professional malpractice

ADVERSE EVENTS

Incidents involving overdose or adverse reactions are to be reported to the Department by registered qualifying patients, registered designated caregiver, agents, law enforcement, health care professionals, emergency medical services professionals, and emergency department personnel at a health care facility.

“Adverse reaction” means an unwanted, unexpected, or dangerous effect caused by the administration of usable marijuana dispensed under the Medical Marijuana Program.

ADVERSE REACTION REPORT

Fiscal & Operations Human Resources Medical Marijuana Public Information Vital Records

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User Guides

- [User Guides to Compliance Testing](#)
- [Types of Usable Marijuana](#)

Forms

- [Law Enforcement Incident Reporting](#)
- [Adverse Event Reporting](#)

TYPES OF USABLE MARIJUANA

Not for Minors! (under 19)

*Products with >6% THC

*Smokable form

Usable Marijuana

Not
for
minors

Dried Leaves &
Flowers

Medical Marijuana
Products

Cannabinoid
Concentrate or
Extract

Medical
Cannabinoid
Products

Solutions

Topicals

Max
50 mg
THC per
serving

Capsules

Transdermal
patches

Max
50 mg
THC per
serving

Maximum purchase amounts per 30
days:

*2.5 ounces total – dried leaves and flowers; and
*4,000 mg THC total – other products

(up to 6 ounces of dried leaves and flowers may
be authorized for patients with a medical
condition of cancer)

Max
6% THC
per
serving

REGISTRY IDENTIFICATION CARDS

Qualifying Patients

- Qualifying Medical Condition
- Written Certification
- Application Fee - \$50/year
(fee may be waived for minor)

Designated Caregivers

- 21 years of age
- Passed a criminal history record check
- Application Fee - \$50/year

Dispensary, manufacturing facility, and lab agents

- 21 years of age
- Passed a criminal history record check
- Application Fee - \$200/year (fee waived for lab agent)

NORTH DAKOTA MEDICAL MARIJUANA



PATIENT
NAME:John ZZTest
DATE OF ISSUE:04-25-2019
DATE OF EXPIRATION:02-13-2020
ID NUMBER:G372G6YWL2
DRIED LEAVES AND FLOWER:Standard



SAMPLE

NORTH DAKOTA MEDICAL MARIJUANA

PATIENT

If found or to verify card, contact the Division of Medical Marijuana at (701) 328-1311.
Counterfeiting, replicating, alteration or misuse of this card is prohibited by law. Use or possession of this card by any person other than the intended cardholder is unlawful.



G 3 7 2 G 6 Y W L 2



Dried Leaves/Flower Possession Limits:
No = 0.0 oz
Standard = 3.0 oz
Enhanced = 7.5 oz

MANUFACTURING FACILITIES

Pure Dakota

Bismarck

September 19, 2018

GR Vending

Fargo

December 21, 2018

OPEN DISPENSARIES

Botanist

Fargo
March 1, 2019

Harvest of Williston

Williston
July 12, 2019

Strive Life

Grand Forks
May 22, 2019

Harvest of Bismarck

Bismarck
August 13, 2019

OPEN DISPENSARIES

Herbology

Devils Lake

September 17, 2019

Herbology

Jamestown

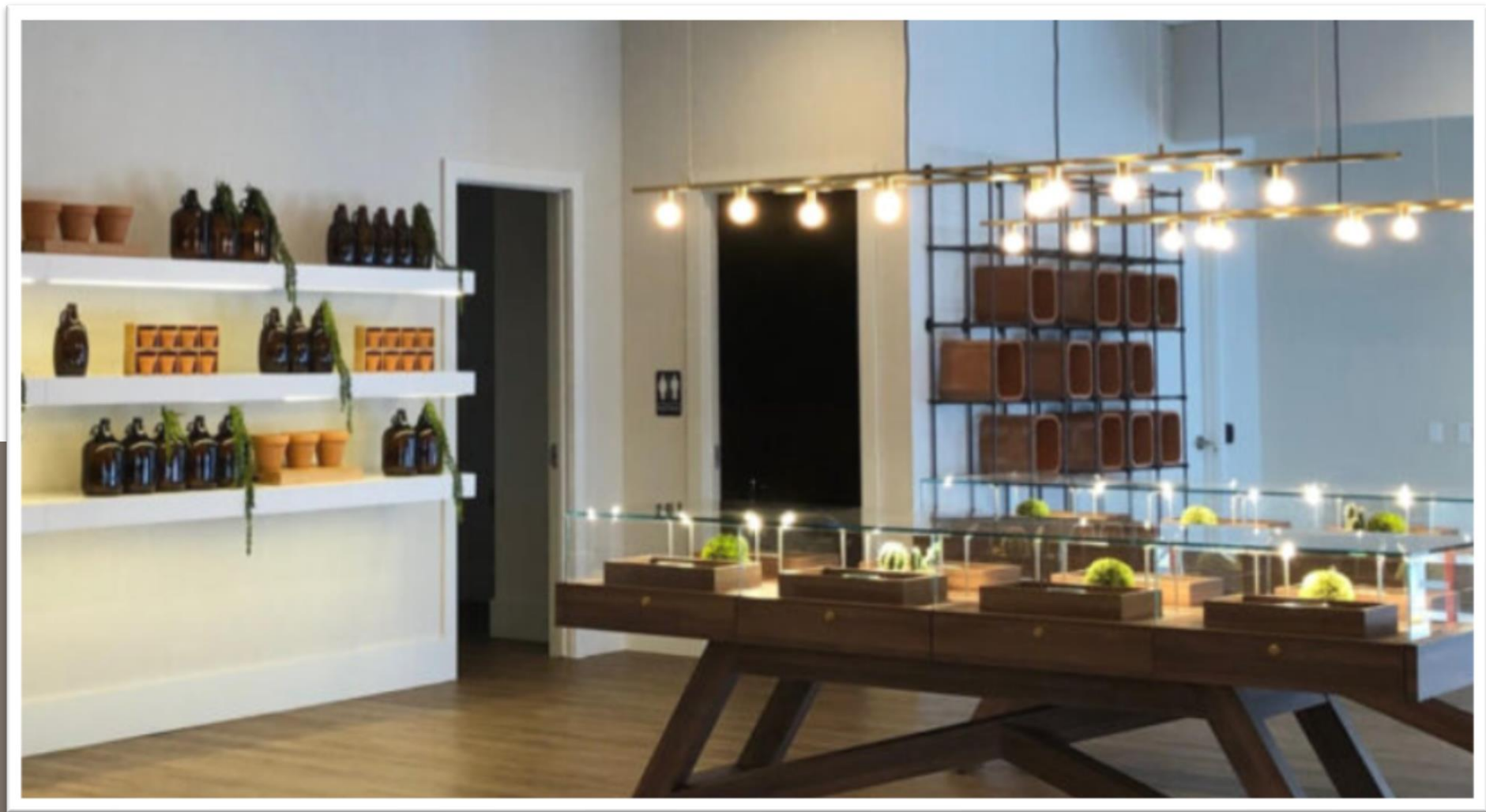
September 24, 2019

Herbology

Minot

September 19, 2019

Final dispensary location - Dickinson



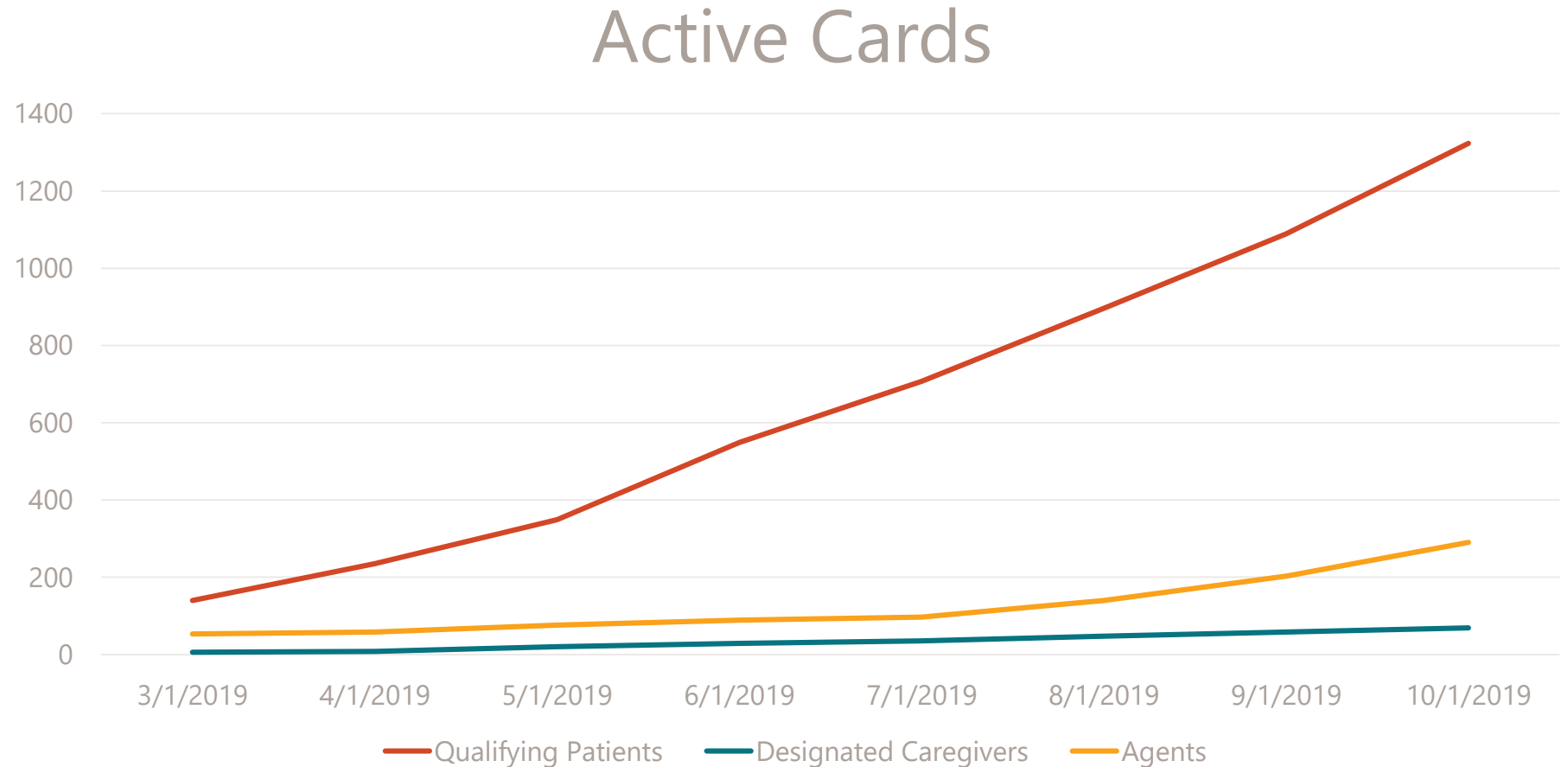




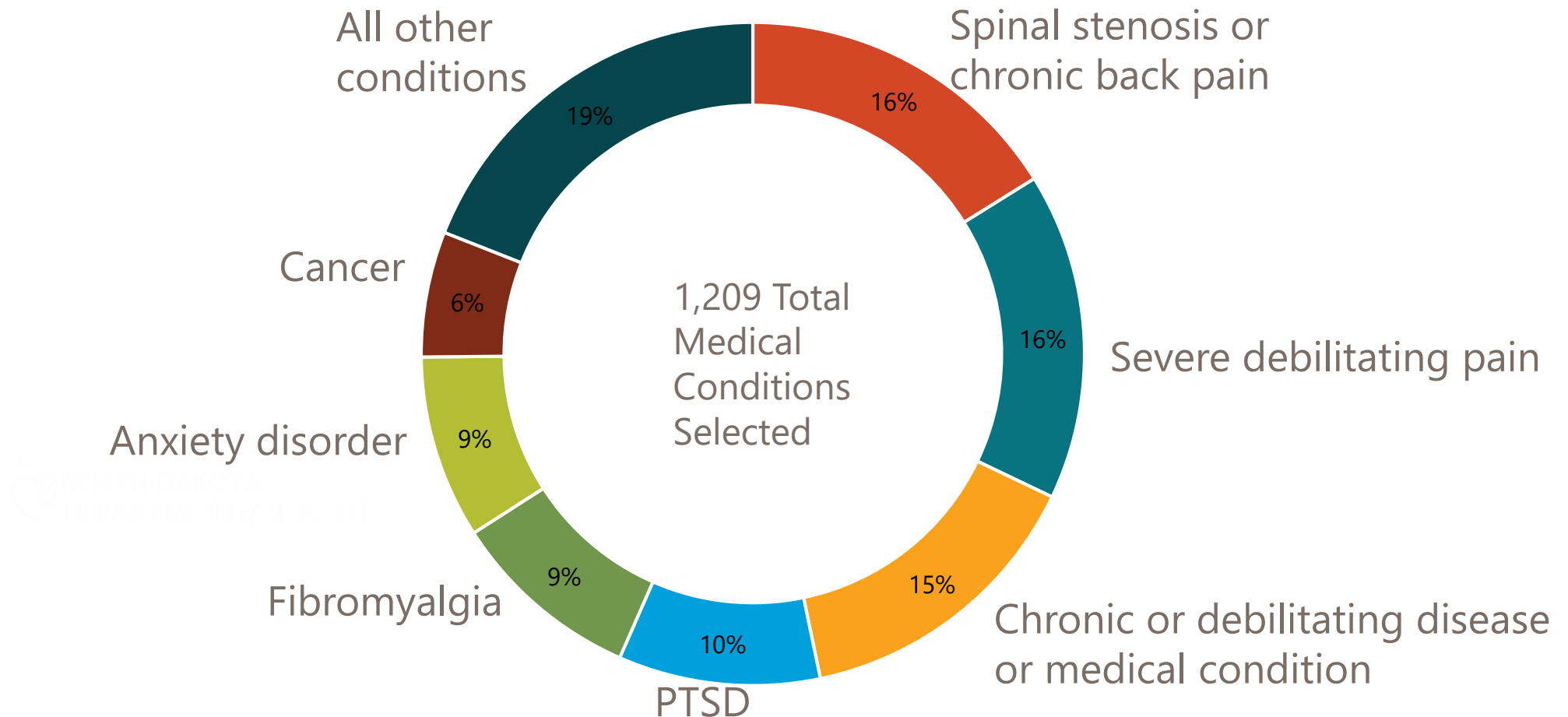


REGISTRY IDENTIFICATION CARDS

1,325 Active
Patient cards
(as of 9/27/19)



DEBILITATING MEDICAL CONDITIONS



THANK YOU

Jason Wahl | Division of Medical Marijuana Director | jwahl@nd.gov | 328-4925